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Apr 30, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000095365

1. Corporation Name
III GRACES & COMPANY, INC.

Principal Place of Business
110 S COLLINS STREET
PLANT CITY FL 33566

Mailing Address
4115 LONGFELLOW DR E
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

59-3542802

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4115 Longfellow Dr. E.

Suite, Apt. #, etc.

22 Plant City, FL

City & State

23 33567 Hillsborough

Zip

Country

24

25

2a. Mailing Address

26 4115 Longfellow Dr. E.

Suite, Apt. #, etc.

27 Plant City, FL

City & State

28 33567 Hillsborough

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WHEATON, MARTHA W
110 S COLLINS STREET
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name

Martha W. Wheaton

82 Street Address (P.O. Box Number is Not Acceptable)

4115 Longfellow Dr. E.

83

Plant City

84 City

FL

85 Zip Code

33567

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Martha W. Wheaton STD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

STD

4/26/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME CARROLL, VIRGINIA L
STREET ADDRESS 12710 N 52 STREET
CITY-ST-ZIP TAMPA FL 33617

TITLE VD ☒ DELETE
NAME FYFE, LARA Q
STREET ADDRESS 4115 LONGFELLOW DR E
CITY-ST-ZIP PLANT CITY FL 33567

TITLE STD ☐ DELETE
NAME WHEATON, MARTHA W
STREET ADDRESS 4115 LONGFELLOW DR E
CITY-ST-ZIP PLANT CITY FL 33567

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Fred Wheaton PD ☒ Change ☒ Addition
1.2 NAME 4115 Longfellow Dr. E.
1.3 STREET ADDRESS Plant City, FL 33567
1.4 CITY-ST-ZIP

2.1 TITLE Fred Wheaton VD ☒ Change ☒ Addition
2.2 NAME 4115 Longfellow Dr E
2.3 STREET ADDRESS Plant City, FL 33567
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martha W. Wheaton, STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)